



San Ramon Valley Fire Protection District

1500 Bollinger Canyon Road
San Ramon, CA 94583

Application For Employment

GENERAL DATA

Position Applying For _____	Date of Application _____
TITLE OF POSITION	
Name _____	Social Security No. _____
LAST FIRST MIDDLE	
Address _____	
NUMBER STREET CITY STATE ZIP CODE	
Home Phone _____	Bus. Phone _____
AREA CODE NUMBER AREA CODE NUMBER	
CA Driver's Lic.# _____	Class _____
E-mail Address _____	

PERSONAL DATA (Please Answer Each Question Below)

Can you, after employment, submit verification of your legal right to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐ If "YES," please explain. (NOTE: conviction is not an automatic bar to employment. Each case will be considered on its own merit.)

Have you ever been convicted of reckless driving or driving under the influence of alcohol or illegal drugs, OR has your Driver's License ever been suspended or revoked as a result of conviction(s) of driving violation(s)?

YES ☐ NO ☐

If "YES," list offense(s) and date(s) of conviction(s). A "YES" answer is not necessarily disqualifying.

Have you ever been discharged, forced to resign, or rejected during a probationary period from any employment within the last ten years?

If yes, give name and address of the employers, reason for each release and dates of employment.

YES ☐ NO ☐

(NOTE: A "YES" answer is not necessarily an automatic bar to employment. Each case will be considered on its own merit.)

SKILLS

Word Processing? YES <input type="checkbox"/> NO <input type="checkbox"/>	Computer Skills? IBM/PC <input type="checkbox"/> MAC <input type="checkbox"/> UNIX <input type="checkbox"/>
Spreadsheets? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Software Programs _____	
Machines Operated _____	Other training/skills: _____

PROFESSIONAL APPLICANTS

Professional License _____	Type _____	Exp. Date _____
Other _____	Type _____	Exp. Date _____

EDUCATION AND TRAINING

TYPE	NAME OF SCHOOL AND ADDRESS	NO. OF YRS.	DID YOU GRADUATE?	MAJOR SUBJECT	DEGREE/DIPLOMA/ CERTIFICATION
HIGH SCHOOL			YES _____ NO _____		
UNIVERSITY OR COLLEGE(S)			YES _____ NO _____		
UNIVERSITY OR COLLEGE(S)			YES _____ NO _____		
BUSINESS OR TRADE SCHOOL			YES _____ NO _____		

EMPLOYMENT HISTORY

Please identify your work experience, paid or unpaid, beginning with your most recent position. Please fully account for all time, including periods of unemployment, military time, school, etc. A resume may be attached, but does not substitute for completing this section. Use additional sheets if necessary.

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE: ()

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ☐ NO ☐

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE: ()

MAY WE CONTACT? YES ☐ NO ☐

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE: ()

MAY WE CONTACT? YES ☐ NO ☐

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE: ()

MAY WE CONTACT? YES ☐ NO ☐

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		
SUPERVISOR:		
Mo. SALARY:		
REASON FOR LEAVING:		ADDRESS:
		PHONE: ()

MAY WE CONTACT? YES ☐ NO ☐

CERTIFICATION

1. I certify that all statements contained in this application are true and complete. I understand that any false statements or omissions may result in disqualification from employment or termination. I hereby authorize the release of any information necessary to verify the statements made in this application to San Ramon Valley Fire Protection District or duly authorized agents.
2. I understand that my employment is contingent upon my providing verification of my identity and legal right to work in the United States.
3. I understand that employment is "at-will".

I UNDERSTAND AND AGREE TO THE ABOVE

Signature of Applicant _____ Date _____

Please complete the form below which shall be removed before the application is processed.

In accordance with State Law, the information requested below shall be used for statistical purposes only. It will enable the company to evaluate more effectively its recruitment and selection procedures. This information will be kept confidential and separate from the application form. Refusing to provide this information will have no impact on the evaluation process. Thank you for your assistance.

NAME _____

POSITION APPLYING FOR _____

AGENCY _____

MALE ☐ FEMALE ☐

ETHNIC ORIGIN (Please check only one)

White: ☐ (not of Hispanic origin) all persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

African-American: ☐ (not of Hispanic origin) all persons having origins in any of the Black racial groups of Africa.

Asian/Pacific Islander: ☐ all persons having origins in any of the original people of Japan, Korea, the Far East, China, Southeast Asia, or the Indian subcontinent.

Hispanic: ☐ all persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Filipino: ☐ all persons of Filipino origin.

American Indian: ☐ all persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Other: ☐ Please Specify: _____

An Equal Opportunity Employer

JOB SOURCE INFORMATION

Please indicate where you learned of this job vacancy:

☐ Newspaper (please specify) _____

☐ Job flyer

☐ Website (please specify) _____

☐ Professional Journal or Newsletter (please specify) _____

☐ *Jobs Available*

☐ Friend or Relative

☐ Other (please specify) _____